FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1997	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

FILED Apr 30 1997 8:00am Secretary of State

DOCUMENT # P93000031829 (3)

1. Corporation Name

CREDIT ACCOUNT TRANSACTION SYSTEM, INC.

Principal Place of Business	Mailing Address
4300 UNIVERSITY STE. B203 LAUDERHILL FL 33351 US	4300 UNIVERSITY STE. B203 LAUDERHILL FL 33351-6244 US

3. Date Incorporated or Qualified 05/03/1993	3a. Date of Last Report 05/01/1996

		4. FEI Number 65-0406435	Applied For ☐ / Not Applicable ☐
2. Principal Place of Business [21]	2a. Mailing Address [26]		
Suite, Apt. #, etc. [22]	Suite, Apt. #, etc. [27]	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State [23]	City & State [28]	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip [24]	Country [25]	Zip [29]	Country [30]	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LARRY J BEHAR PA 888 SE THIRD AVE SUITE 400 FT LAUDERDALE FL 33316	[81] Name [82] Street Address (P.O. Box Number is Not Acceptable) [83] [84] City **FL** [85] Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **CP** ☐ DELETE	NAME **PIETTE, RAYMOND** STREET ADDRESS **4426 NW 64 AVE.** CITY-ST-ZIP **LAUDERHILL FL**	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **SD** ☒ DELETE	NAME **BROSSARD, MICHAEL** STREET ADDRESS **4711 NW 52ND PL** CITY-ST-ZIP **CORAL SPRINGS FL**	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **D** ☐ DELETE	NAME **YAGODA, JOEL** STREET ADDRESS **4318 CARAMBOLA CIR., N.** CITY-ST-ZIP **COCONUT CREEK FL**	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE	NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE	NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE	NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: